

cartilage at the astragaloid articulation was eroded, and callus had been thrown across from the sustentaculum tali, uniting the calcis and astragalus.

Some slight febrile action was controlled by diaphoretics, and on the 18th the leg was placed in a Smith's anterior splint, and suspended to a frame over the bed, thus allowing free access to the wound, and good position for the drainage of pus. On the 21st there was some puffiness of the flaps, owing to the closure of the opening for the escape of fluids, which was reopened carefully by a probe, and a tent introduced, a large quantity of grumous matter escaping. The incisions have all healed by first intention, and the sutures were removed. From this date, he continued to improve, and on the 9th of June was moving about the ward on crutches.

July 8th, completely recovered. The wound is thoroughly healed, and a firm elastic cushion has taken the place of the canes; by placing a soft pad in his shoe he is able to move about on the foot, with the aid of a cane; the cicatrice is well upon the posterior part of the heel, and any amount of pressure can be borne without pain. Permission was now given the patient to remain at home with his parents for a few weeks. He returned to the hospital on the 1st of August, able to walk perfectly well without a cane; has no pain, and suffers no inconvenience from the operation.

MOWER U. S. HOSPITAL, Aug. 16, 1863.

#### ART. IX.—*Case of Fracture of the Coronoid Process of Ulna.*

By EDWARD L. DUEB, M. D., of Philadelphia.

It having been my fortune, just now, to meet with a case of, to my mind, undoubted fracture of the coronoid process of the ulna, the exceeding rarity of which is so ably borne testimony to by Prof. Hamilton and others, I am induced to believe that a history of the case will be acceptable to the profession, in order to the more full intelligence of the subject.

CASE. W. B., a stout, hearty little fellow, six years of age, came under the charge of Dr. Howell, an intelligent and experienced physician of Allentown, N. J., the 30th day of April last, having just tumbled, headlong, from a rick of hay to the barn floor, a distance of about five feet, and presenting a seemingly uncomplicated dislocation backwards on the humerus, of both bones of the right forearm. The Dr. states that the dislocation was readily reduced, accompanied with a decided snap, by moderate extension and counter-extension, whilst the arm was slightly flexed and supinated, and was thus maintained by supporting the hand in a sling, with the forearm at an angle of about eighty degrees with the arm. This, indeed, alone constituted the dressing. Three days later, when the Dr. again saw the case, the sling had become so elongated as to permit of the arm's making a much greater angle than when first arranged, but the elbow was much swollen, and nothing wrong was suspected. The hand was again elevated

and the patient dismissed. When next seen, two days afterwards, the tumefaction had subsided somewhat, and the Dr. was struck with the peculiar conformity of the joint, but an inquiry did not suffice to elicit its real condition.

June 15. Nearly seven weeks after the accident the opportunity was presented me of seeing the case with my father, in consultation with Dr. Howell. The following condition was then noted, viz.: the arm hung by the side, nearly straight, but inclining slightly toward the ulnar side; the hand was supinated; accurate measurement from the styloid process indicated a shortening of about five lines; from either acromion to the condyles the distance was the same for both arms; pronation and supination were alike perfect, as was extension, but flexion could not be effected to less than a right angle. All tumefaction having subsided, and the muscles being naturally flaccid in a child so young, every condition was present for a ready manipulation and inspection of the joint. The olecranon was about half an inch above the level of the internal condyle; the thickness of the arm, antero-posteriorly, at the joint, whilst the limb was extended, was somewhat greater than that of the sound side, but not so thick as would have been the case had the coronoid been present in its proper place in the ulna; the width at the same point was normal; the biceps was tense and prominent in this position of the arm; the trochlea and radial head of the humerus were readily definable; and the arm being somewhat flexed, the detached portion of the coronoid process lying in front of the joint could be distinctly felt, and freely moved in any direction over a small space. The olecranon was also much more salient backwards in the bent position of this limb, than in that of the sound side. All of us agreed fully as to the conclusiveness of the symptoms.

Suffice it to say of the treatment of this case, that every justifiable effort was made to reduce the dislocation, without success; hoping, should we accomplish this, there would be a sufficient amount of inflammatory action excited to throw out reparative material enough in front of the greater sigmoid cavity of the ulna to maintain the forearm *in situ naturali*. Failing in this, we were obliged to dismiss the case as incurable; feeling less reluctant, however, in so doing, in consideration of the great amount of usefulness yet left to the boy, in the unimpaired pronation, supination, and extension of his arm.

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ART. X.—*Notice of the Yellow Fever as it occurred at Key West and in the U. S. East Gulf Blockading Squadron, in 1862.* By G. R. B. HORNER, M. D., Fleet Surgeon.

AFTER many days of hot weather, the thermometer ranging from 84° to 87°, it was reported on the 29th of July that three of the workmen at Fort Taylor had died of yellow fever; then, day after day accounts were received of the disease prevailing among the laborers, mechanics, and soldiers at the fort and barracks, on the northern side of Key West. The fever became particularly prevalent and fatal among persons employed in the construction of a new fortification between the back of the fort and the inlet, these persons being exposed to the intense heat of the sun. But I have